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Refutation

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An Inaugural Dissertation

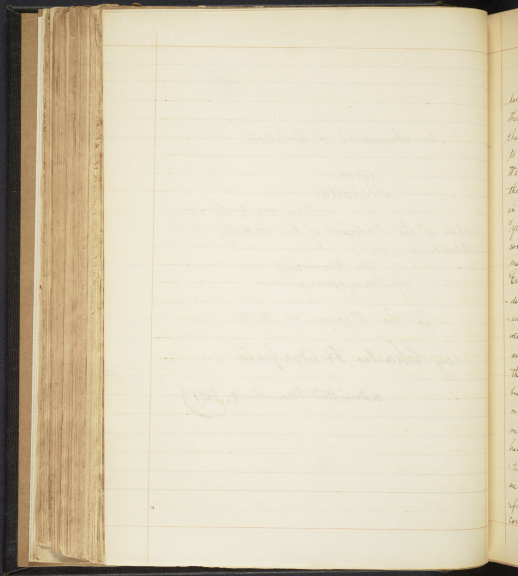
Upon
Hepatitis

Submitted to the exam-
-ination of the Professors of the Faculty of
Medicine in
the University
of Pennsylvania

for the Degree of M.D.

by Charles H. Warfield -

admitted March 4. 1819



Introduction

In presenting the following Dissertation, I institute no claim to originality. There is such a thirst for novelty in the present day, that something new, appears essential, to elicit a person to eminence, or even respectability, in their professions. We disclaim all such ambition; and resign to others those prospects of personal fame, accruing from dropping in a new guise, theories longt, and forgotten, with "years before the flood" but now palmed upon the world, as the offspring of their prolific brains. It may perhaps be imagined, that nothing has a greater tendency to chill the energies of genius, and damp laudable emulation, than the sentiment, that in this enlight-ened age of medical science, we should be contented with an acquaintance, and appropriation, of the knowledge, and discoveries, of those who have preceded us. Rather than give loose to the imagination, and launch into the boundless, and various fields of hypothesis, and speculations, be it our humbler province, to lay down judicious principles, and rules for the treatment of diseases. In this exercise, our object has been to describe accurately, the symptoms, causes, terminations, and treatment of Hepatitis; a disease, from which, few are exempt, and more especially afflicts those, who indulge in the gratification of their propensities, and appetites, and is a very frequent concomitant, upon the intemperance of warm climates.

The Liver is the largest viscus in the body, and in consequence of its complete coverage over the digestive process, holds a very important rank in the animal economy. Previous to entering into a description of the diseases, to which the liver is exposed, it will be necessary to give, a concise anatomical, and physiological account of it. The liver is a large glandular body, situated in the right hypochondrium, extending thro' the epigastrium, and a part of the left hypochondriac regions, and in the foetus, fills nearly the whole abdomen, and covers the stomach, and is in contact with the spleen. Being in the Adult placed immediately under, and in contact with the diaphragm, as well as the right hypochondrium, partakes of their form, and is concave below, and convex above. Thus situated, it is of an irregular figure, between the circle, and oval, broader at the right side than the left, and very irregular in thickness. The edge which is in contact with the right hypochondriac region, is very thick - it gradually becomes thinner towards the left, and front. The liver is smooth, and regular, upon its upper surface, upon its under concave surface, made rough by several grooves, or fissures, and eminences. This organ is retained in its situation, by several ligaments; but it

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must be confessed, that it is susceptible of considerable motion, by respiration, the action of the diaphragm, and position of the body. Besides the four ligaments, which are reflections of the peritoneum, encasing the umbilical vein, in the foetus, degenerated into a ligament in the adult, the vena Cava, Vena portarum, hepatic artery, Vena Cavae hepaticae (to be explained presently) a distended state of the stomach, and Colon, touching the liver on its anterior edge, may also be considered as auxiliary supports to this viscous. Its fissures are, the Umbilical, which commences at a notch in the anterior edge of the liver, to the left of the middle, and continues to the posterior edge. Thence this fissure begins the Umbilical ligament enters, and at, or near its termination, the Vena Cava, is situated. This fissure divides the liver into its great lobes, the right and left. Another great fissure, called the transverse, or principal, commencing in the right lobe, and extending to the left, crosses the first at right angles - it is very deep and nearer the posterior, than the anterior edge of the liver. Near to the right extremity of this fissure, the Vena portarum, and the hepatic artery enter, and the hepatic duct emerges. About the middle of the fissure, are situated two prominences, one on each side, which were called the porta. Besides the great lobes above men-

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tioned, there are two, or three prominent parts on the concave surface, denominated lobes. - one of which is, ^{3rd} Lobulus Spiegelii, situated between the posterior part of the transverse fissure, and the Vena Cava, another stretching downwards, from the middle of the great right lobe, to the Lobulus Spiegelii, resembles a process of the liver, and is denominated Lobulus Caudatus. Between the Umbilical fissure, and the depression for the Gall-bladder, is a protuberance called Lobulus Quartus, or Encapsulus.

This Viscus has five systems of vessels, appropriated to the performance of its functions. - one with the Hepatic Artery, which is the largest branch of the Coeliac, the two Vena Cavae Hepaticae, which sometimes enter the Vena Cava, previous to its piercing the diaphragm, but generally they enter close together, and there are three perforations; they take up the superfluous quantity of blood from the hepatic artery, and the Vena portae. The liver receives its sensibility from Nerves which pass from the Coeliac plexus, formed by the splanchnic ganglia, and also by filaments from the par vagum, phrenic, and lumbar nerves; this plexus surrounds the root of the Coeliac Artery. From this plexus many fibres proceed, which form two called the right, and left hepatic plexus, which surround the hepatic artery and Vena portae - num, and accompany them in their ramifications through

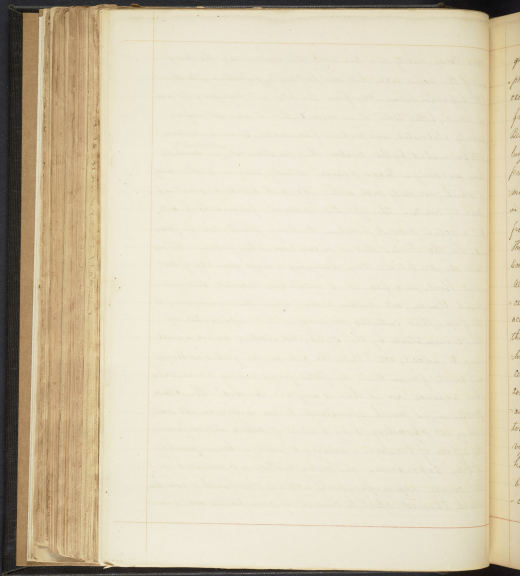
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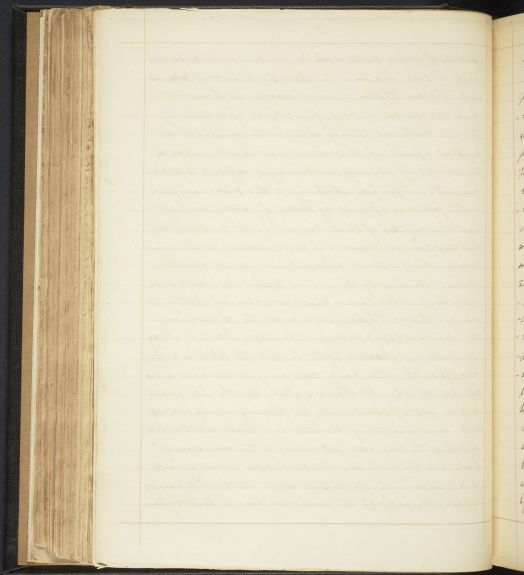
the liver, being inclosed by Glisson's Capsule. The Lymphatics of the liver, are extremely numerous and are superficial, and deep seated - the former pierce the diaphragm, and in this way carry their contents to the thoracic duct; the latter emerge from the liver at the porta, and unite with the thoracic duct in the abdomen. The Glandular, or Parenchymatous substance of the liver, is of a reddish brown colour, and when cut into, of a moderately firm texture; the surface when divided, exhibits the mouths of the different vessels. When the internal substance of the liver is exposed, it appears to consist of acini, or small bodies, very distinguishable from each other. The Hepatic duct is formed of very minute vessels, called *pari litharii*, which originate from the acini above described, and running together, form finally, the great secretory duct. This duct is very strong, and firm, and passing from the transverse fissure of the liver, a bout an inch, and a half distant, unites, with a duct from the gall-bladder, called *Cystic*, having united at an acute angle they pierce the diaphragm, in an oblique direction, about 2 or 3 inches from the pylorus. The gall-bladder is shaped like a pear, with a long neck, and is situated, in a superficial cavity, in the concave surface of the right lobe of the liver - and its fundus often projects a small distance, beyond the anterior edge of this viscus. The gall-bladder is only designed as a repository, for the superfluous bile, secreted by the liver - from which it passes thro' the hepatic duct, and then as it

one in a retrograde direction, into the cystic duct, whence it ar-
rives at its destination. In inflammation, and obstruction of
the ductus communis, the bile is in considerable quantity,
and the gall bladder becomes much distended. The gall-
bladder receives an extensive coat from the peritoneum cover-
ing the liver. The Vena Portarum, is the great peculiarity
distinguishing the liver, and is composed of the veins
coming from the Chyliferous Viscera, which unite about
three inches from the liver, which it enters at the porta,
and there divides into two branches, which supply the different
lobes; these branches ramify very minutely, throughout
this viscus, and from thence is secreted the bile. Such
is the intimate connection between these different systems
of vessels, it is stated, that if one be injected, the fluid
will pass into the balance. We have said, that the bile
is secreted from the Vena Portarum, and would adduce
in proof, the fact stated by Haller, that the biliary se-
cretion continues, after the hepatic artery is tied. Mr. Aber-
nethy in the Philosophical Transactions, reports a case,
which would appear to militate against this position;
the Subject was a Female infant, ten months old - it
was ascertained, that the Hepatic branch of the Coeliac
artery, was the only one, either for secretion, or nutrition,
and that was larger than common. The Vena portarum
was formed in the usual way but diminished in the

Vena Cava, nearly on a line with the renal veins. The liver
was of the usual size, but one half nearly, projecting into the
left hypochondrium. Now from the bile not possessing its nor-
mal acids, bitter taste, it is evident that it was not perfect,
properly elaborated, and prepared from materials in a natural
state, furnished by the system. This an atomical ^{consequence} we conclude
then, was only a *luxus petriæ*, entirely unaccountable, many
of which, are daily met with. Arterial blood, does not ap-
pear to contain the essential materials, from which, bile,
by a vital process peculiar to every gland, can be form-
ed. In the Fœtus this is incontrovertibly proven. We dis-
cover the Umbilical Vein, bringing a large quantity of arte-
rial blood, and from it is indeed bile secreted, but of a
much blander, and milder nature, than that which goes to
the focus, their cathartic property - the explanation of
this circumstance by the celebrated Haller, we are unwill-
ing to admit, viz. "that the bile in the fœtus is bland,
and exists, for in them, no fœtal focus supply acids, albu-
-line vapours, nor is there is any oil absorbed." The Vena
portarum, is much assimilated to an artery, in its anal-
-ogy, and physiology, being destitute of valves, and performing
the office of secretion. It is charged with a large quantity
of oily, saponaceous, and watery matter, and retarded in
its course, appears peculiarly well adapted for this secretion,
which Chemists assert, to consist of nine parts water a

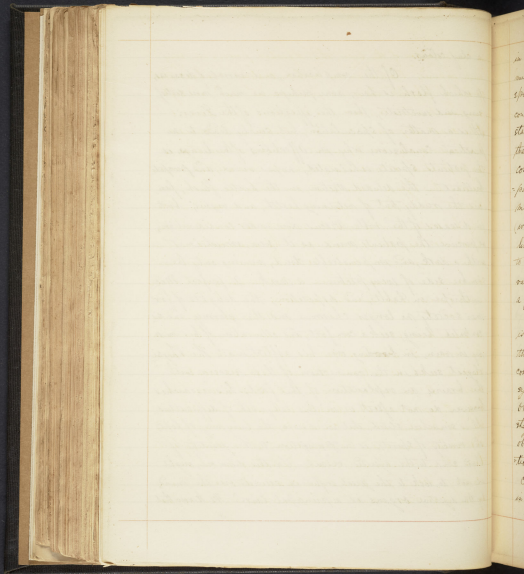


quantity of yellow matter insoluble, albumen, resin, Soda, phosphates of Soda, and lime, Sulphate, and Mariate of Soda, and oxide of Iron. Whether the liver secretes, and throws out from the system, the superfluous Carbon, as supposed by Bell, and Richardson, thereby acting as an auxiliary to the lungs is a point which is shrouded in obscurity, and in the present state of physiological knowledge, difficult to determine. We are far from attributing to this viscous, any power in the focus, as assigned by Haller, of protecting the heart from the impetus of blood, brought by the non helical vein. This secretion we know, is of great importance to the animal economy, being with the pancreatic juice, poured upon the Aliment, converted by the gastric liquor, into a soft fattyaceous mass called Chyme, produces a chemical action, and according to some Physiologists, separates the chylous, from the excrementitious part, and its mucus, alkaline, and saline parts, are absorbed by the lacteals, and taken into the circulation. In this kindly controversy, we are by no means solicitous to enter. Dr Saunders asserts, that the bile is salutiferous, and to prove it, made the following experiment. He took equal quantities of ox bile, and blood, put them into vessels of the same size, and exposed to the same degree of heat. On the third day the blood began to putrefy - the bile remained in its natural state. Is the biliary secretion diminished? the discharges from the bowels sparse



a clay colour.

Of the complication, and variety of diseases, to which flesh is heir, none perhaps are much more distressing, and insupportable, than the affections of the Liver. It is a matter of speculation, but surely leads to no practical conclusions, why in affections of the lungs, is the patients spirits exalted, hopes revived, and prospects brilliant — the deluded victim, in the hectic flush, fancies the ruddy tint of returning health, and vigour; but in diseases of the noble Viscus now under consideration, we perceive the patients mind as it were, overwhelmed with a dark, and impenetrable cloud, viewing only the sombre side of every picture — a Monk — a perfect Misanthrope in habits, and disposition; the delights of former society no longer charm — and the gloomy and discontented being, seeks comfort, and alleviation of his misery in vain, in brooding over his afflictions. The Physiologist seeks in the connection of these viscera with the brain, an explanation of this fact; his researches however do not assist us in this labyrinth of difficulties. It is somewhere stated, that in disease, the buoyancy of hopes and vivacity of spirits, is in proportion to the quantity of blood sent to the affected viscera. In this dilemma, ought we not to look to the great influence exercised over the mind, by the digestive organs as a principal cause? We know that



in inflammation of the liver, the digestive powers are very much impaired. Baillie in his morbid anatomy mentions three species of liver, and also a preternaturally hard, and soft condition to which this viscera is subjected. These diseased states do not at present claim our attention - to consider them individually, would present a wider range, than is contemplated, or consistent with the time allotted for preparing this Essay. Neither is it our intention, to dwell for a moment, upon that diversified train of diseases, which Dr Cullen (who has written so ably upon the subject) has located in the liver. Nor shall we expatiate upon the arrangements, incident to an increased secretion of bile. The field is vast, and variegated. - We must therefore content ourselves, with calling a few flowers, as we humbly pass along.

Hepatitis - The Liver is susceptible both of acute, and chronic inflammation, the former Dr Saunders observes, as being more intimately connected with its arterial, the latter with its venous system. Dr Cullen has placed it in the Class Febris, and Order Phlegmasias. His division into acute, and chronic, stages of hepatitis, we deem correct, founded in reason, and observation, and shall therefore adopt it in this Exposition. It is probable that acute hepatitis in our own country, occurs five times, where chronic does once. We will in the first place, advance these principles, viz. that inflam-

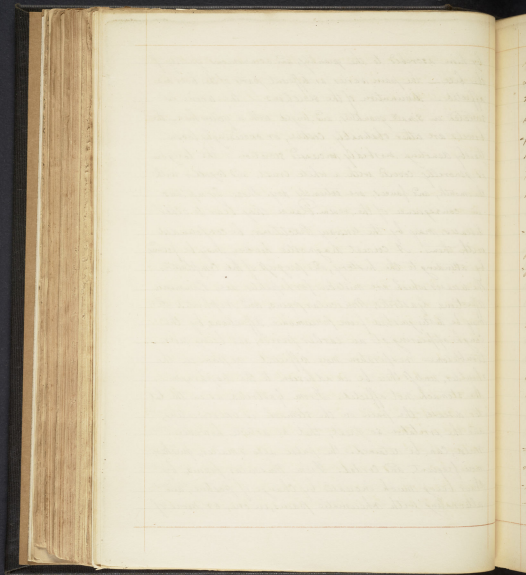
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The first of the year was a very
warm one, and the weather was
very pleasant. The wind was
very light, and the sun was
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were very noisy, and the
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day was very pleasant, and
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- nation may either spare, the peritonium, covering the liver, the ligaments, or the substance of the liver itself - and that when one part becomes affected, the others may successively participate in the disease - and as contend, with M Portal, that from the external signs, pain, and pulse, a correct opinion cannot be formed, whether the substance, or the membrane be inflamed.

Acute Hepatitis like other inflammatory diseases, commences with some degree of soreness, and rigor, which in some instances are so slight, as not to be observed by the patient - succeeded by an increase of heat, a frequent, strong, and hard pulse - nausea - vomiting - dry cough - acute pain in the right side, increased by pressure, and extending to the top of the scapulae, and stated by Rhuz, often between the vertebrae of the neck, and even to the wrist, and fingers - difficulty of respiration - the patient lies with more ease upon his right side, most probably owing to an inflammation, or adhesions of the ligaments, and membrane covering the liver - yellowness of the skin, and adnate blood when drawn, presents the buffy coat, which is not however to be considered as a criterion of inflammation, because it appears in long protracted fevers, and according to Hordage, is very much influenced by the manner in which it is drawn - the serum also yellow - a swelling in passing urine, a symptom mentioned by Dr Johnson, and

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by him ascribed to the quantity, and acrimonious quality of the bile — the pain varies as different parts of the bowels are affected — diminution of the secretions — the urine is secreted in small quantities, and tinged with a yellow hue — the bowels are either obstinately constipated, or exceedingly loose — thereby denoting morbidly increased secretion — the tongue is generally covered with a white crust, and together with the mouth, and fauces, are extremely dry. These symptoms in consequence of the renal disease may bear resemblance to other diseases, may by the unskilful Practitioner, be confounded with them. A correct diagnosis however, may be formed by attending to the history, and progress of the complaint. The diseases which are mistaken for hepatitis are, Pneumonic affections, Gastritis, Muscular pains, and Nephritis. It may be distinguished from pneumonic affections, by the cough appearing at an earlier period, and being more troublesome — respiration more difficult — no pain in the shoulder, unless there be an adhesion to the diaphragm — the stomach not affected. From Gastritis, as in the latter disease, the pain in the stomach is excruciating, and the irritation so great, that no article however mild, can be retained — the pulse also smaller, quicker, more frequent, and corded. From Muscular pains, by their being much increased by change of posture, and alternating with rheumatic pains, in one, or more of



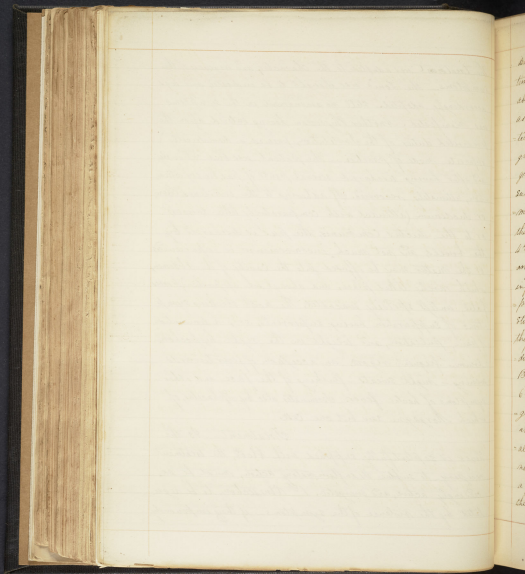
the joints. even Nephritis, by the pain being seated in the Lumbar region, and a retraction of the lumbi, on the side affected, and a frequent inclination to pass the urine. The causes of acute Hepatitis are either, predisposing, or exciting - the predisposing Causes are 1st A Residence in a warm Climate - heat appears to act peculiarly upon the biliary secretion. 2^d Sex, the Female sex being left exposed to the influence of the Causes, or consequently not so liable to the disease. 3^d Age, - one, which is a predisposing cause of the Phlegmasiae in general. 4th We are informed by a gentleman of intelligence, and veracity, that hepatitis very frequently appears among Soldiers, Sailors, and persons residing in Military Camps, and Garrisons, who have been restricted to salted food. 5th Sanguine Temperament. The Exciting Causes of Hepatitis are, 1st Sudden vicissitudes of Weather - Keeping this fact in mind, we can very intelligently understand, why such a vast number of Cases of acute hepatitis occurs, in the United States, and more especially, in the Northern section of our Country. 2^d Cold. 3^d night air. 4th Blew. 5th Wounds 6th Inflammation of neighbouring viscera. 7th Partial applications of Heat, when the body is heated, or in a state of perspiration. Terminations - 1st In Resolution by Bilious Bismuths, Hemorrhages from the nose, and Hemorrhoidal Vessels, the inflammation not terminating by

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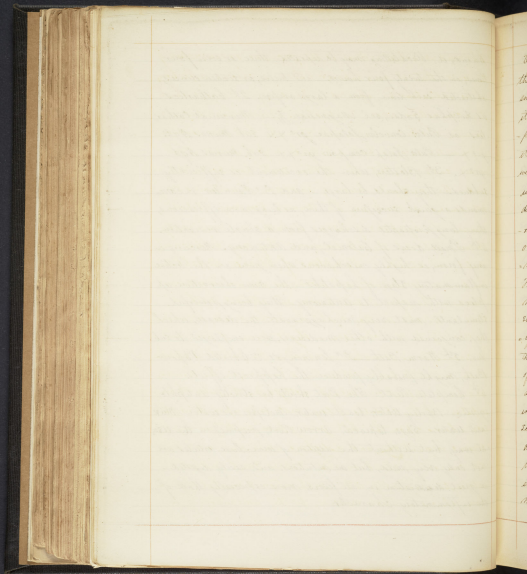
either of these modes, blood crowds to the part, the vessels become enlarged, and a quantity of coagulable lymph is thrown out, and fortunately for the patient, connects the liver with some neighbouring vessels. If the symptoms of fever, and local pain, continue, violent, to increase rapidly for a few days, abscesses form, which Baillie states may contain several pints of Matter; and in some instances, he has seen the whole liver completely converted. Pringle saw but one case, which recovered after abscess had formed. And A. Boerhaave gives it as his opinion, that when suppuration has been established in the structure of the organ, the case may be considered hopeless, with some very uncommon exceptions. This is indeed a humiliating confession to be made, by men so eminent for professional attainments, and ability. When suppuration takes place on the convex surface, adhesions having been previously formed, the matter points externally, and may be evacuated by an incision thro' the parietes of the abdomen. When existing in contact with the diaphragm, the pus destroying this membrane enters the thorax, passes thro' the pleura, and is discharged by the mouth. An interesting case of this kind we witnessed a few months since, in the New York Hospital. The patient was evidently declining - complexion sallow - adæsto tinged with a yellow hue - pulse rather quick, full, and soft - night sweats, and other symptoms of debility had supervened

The treatment was adapted to the character and urgency of the symptoms - the Tonic was thought to be indicated, and was accordingly adopted. Still no amendment in the symptoms was manifested. Another Physician having entered upon the prescribed duties of the Institution, pursued a diametrically opposite mode of practice - the patient was bled copiously, and after having discharged several pints of pus, by expectoration, ultimately recovered. If adhering to the intestines, colon, or duodenum (attended with comparatively little danger) or to the ductus Communis, the pus is discharged by the bowels, and not much inconvenience is experienced, or the matter may be effused into the cavity of the Abdomen, which rarely takes place, and always an approaching fatal, unless speedily evacuated. The most striking symptoms of suppuration having supervened, are, a diminution of pain, pulsation, and weight in the right hypochondrium - frequent rigors, an accession of fever towards evening - night sweats - flushing of the face, and other symptoms of hectic fever. Terminates also by Sphacelus, of which Morgagni saw but one case.

Treatment - As the Liver is so plentifully supplied with blood, the treatment necessary to subdue its inflammatory action, must be accordingly active, and energetic. 1st Venesection, to be regulated by the violence of the symptoms - if they impendently



brands, &c. Blood lettings may be repeated, three, or even four times, in the twenty four hours, and twelve, or sixteen ounces, abstracted each time, from a large orifice. 2^d Cathartics as Sulphur Soda, &c. Magnesia, &c. — Mercu-
-rals as Calo. Convolv. Jalapae gr^s ʒss Sub. Muris. Hyg.
gr^s ʒss — Palo Jalap. comp. pow. gr^s ʒss Sub. Muris Hyg.
gr^s ʒss. 3^d Blesters, when the excitement is sufficiently
-subdued — they should be large — six Dr Saunders recom-
-mends a good success of them, as being more efficacious,
than long protracted discharges from a single vesication.
4th Small doses of Calomel, and Antimony. Mercury in
any form, is highly mischievous when given in the active
-inflammatory stage of hepatitis — the same observation ap-
-plies with respect to Antimony — they being powerful
stimulents, must very much aggravate the disease, which
they, conjoined with other medicines, were employed to sub-
-due. 5th Warm Bath — Dr Jennings's celebrated Vapor
Bath, might probably produce the happiest effects.
6th Emplastrum. The Diet should be strictly antiphle-
-gistic. Barley Water, toast water, Melissae and water-Milk
and water. Sago, Tapioca, Arrow Root, prepared in the usu-
-al way, but without the addition of wine. These articles are
not only very mild, but are nutritious, and easily digest-
-ed — a great desideratum in all fevers, more especially those of
the inflammatory character.



Chronic Hepatitis - Such is the peculiar organization of the liver, that it may labour under a chronic affection, and no indications be afforded of the dreadful ravages which it is committing upon the system. Persons have died, apparently of other diseases, and when the liver was examined, it presented nothing but a hateful mass of disease - and we are surprised, that the system could have borne up under the prodigious lesion of an organ, maintaining so distinguished a rank in the animal economy. No doubt, the symptoms of Chronic Hepatitis are exceedingly obscure, but not the less dangerous, they may be discriminated, and related. Symptoms of Chronic Hepatitis - The disease commences, and advances in an insidious manner - the pain is dull, heavy, and attended with a sense of weight in the right hypochondrium, occasionally shooting to the shoulder. - Slight degree of fever, and the circulation is somewhat increased - the patient is sensible of an augmented heat, especially a burning, in the hands, and feet. Aspiration - dulness - costiveness - the patient becomes impatient of the stimulus of day - rests only upon his right side - lying upon the left, giving him acute pains - dreams frequent, and distressing, which deny much more the comforts inspired by ^{the} ~~the~~ Nature's sweet restorer - extremities frequently cold - respiration somewhat oppressed, more especially upon excess, by the diminution of the

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chest, from the great enlargement of the liver, which in one case is stated by Bartholin, to have weighed forty pounds. the tongue, and teeth, from this degree of inflammation will be covered with a yellow scoria - the skin is tinged with a yellow hue - so also is the urine - the urine turbid - costiveness - the stools being either clay coloured, from the want of bile, or of a dark brown, from the bile of the gall bladder having been inspissated by absorption - great irritation of the stomach, nausea - vomiting sometimes of a dark brown, viscid bile - tumor of the abdomen greatly increased, and when examined, the patient should be placed upon his back, and during expiration, and also in an erect posture, during inspiration. The liver becomes so much enlarged, as to extend to the left hypochondrium (the Spleen may become also enlarged from the great determination of blood to that viscera) - the liver may also be increased, so as to press upon the right Kidney. Guided by Physiologic lamps, we cannot conceive, how a stagnation of blood thro' the hepatic artery, upon the heart, should produce the intermitting pulse, as asserted by some; an obstruction existing between the left Ventricle, and where the Subclavian Arteries rise, it is perfectly consonant with the laws of the system to presume, would occasion an irregular contraction of the Arteries.

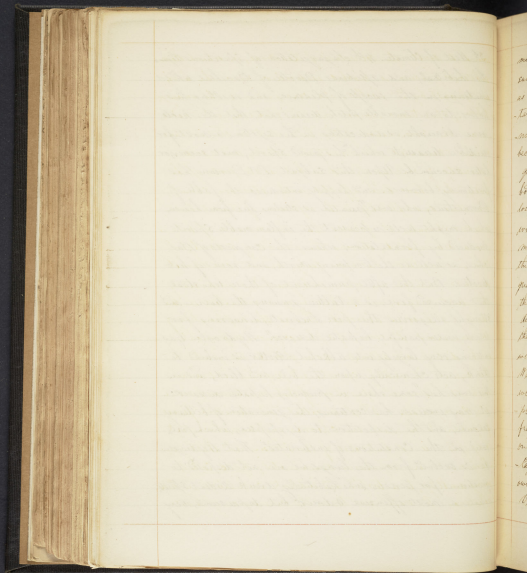
Causes - In Chronic inflammation of the liver the ve

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na Portum is implicated, and there are manifest signs of indolence, and want of activity. 1st When active inflammation of the liver has not been entirely subdued, the disease frequently becomes chronic. The effect of this action, especially when protracted for a considerable time, must necessarily be, that of producing an alteration in the structure of the part— an alteration similar to what obtains in other parts, labouring under chronic and indolent inflammation— this change of structure from its solidity and compactness, appears to depend upon sanguineous effusions, the effusion of coagulable lymph, into the parenchymatous substance of the liver and in this case is poured out by the veins— this scirrhus is produced from the great debility of the extreme branches of the Vena portarum, more especially. This disposition continuing, and no corresponding absorption, will not great enlargement be the consequence.

2^d The play of the Passions— The strong effect of mental emotions as Grief, fear, disappointed love, great anxiety, more vividly displayed by Melancholy, and other sensations for the success of perhaps hazardous enterprises, upon the functions of the stomach, and liver are subjects of daily observation. Hence it happens, that Chronic Hepatitis is frequently mistaken for a dyspeptic state of the stomach— the disease however notwithstanding the Nausea, and eructation of air, which affords relief, is situated in the liver.

3^d Heat of Climate. 4th Exagitation of spirituous Liquors
the habitually, and affectionate Devotee of Bacchus, whilst
wandering in the ecstacy of pleasure, and swelling his
hopes to an enviable pitch, dreams not, that the Nece-
-ssary draught, is radiating in his system, a most per-
-nicious disease, to which his proud spirit, must sooner or
-later succumb. Upon this subject, Dr. Pearson has
facetiously borrowed, and happily introduced the fable of
Prometheus, who was punished as stealing fire from heaven,
which might well represent the inflammable spirit
produced by fermentation; whence the conquest of Bac-
-chus, as well as the temporary mirth, and rapture of his
devotees. But the after punishment of those who steal
this accursed fire, is a picture showing the bore - and
strongly allegorises the poor Sobriate, lingering for
years, under painful hepatic diseases. Hydrogen gas
entering very largely into alcohol, Grotter is inclined to
think, acts chemically, upon the bile, and blood, and in
this way has some share in producing hepatic disease -
it may increase he continues, the generation of biliary
Colic, and the disposition to dyspepsia, which prevails
-said in the Constitutions of intemperate. That Hydrogen
gas is evolved from the lungs, we are not disposed to
question - for persons who habitually drink ardent spirit,
exhale a most offensive odour, but do presume, very



much to doubt, the correctness of the mode, in which these substances produce a morbid impression upon the liver, as assigned by Dr. Sydenham. In consequence of the ingestion of spirituous liquors into the stomach, and Duodenum, the termination of the bile duct in this intestine becomes stimulated into unnatural action, and a greater quantity of bile is effused - but as all parts of the body, that have been affected with stronger stimuli, lose their susceptibility to the influence of their natural weaker stimuli, it follows that the secretion of bile is much diminished, during the periods of sobriety. If this engorgement has been daily, and in considerable quantity indulged in, when relinquished, a paroxysm of the most onerous, and the bile being accumulated in the duct, as liver is absorbed. This is the explanation of the dangerous Paroxysm, of a phenomenon, so fraught with distress, and ultimate destruction to the patient. We believe it entirely correct, and perfectly in unison with the laws, and operation of that mysterious principle, Sympathy. 5th Embolism, and Hemorrhage frequently terminate in chronic inflammation, not only of the liver, but also of the spleen, and these enlargements are popularly denominated, Ague Cakes, owing doubtless to a torpid, and indolent circulation in these viscera. We shall now trace the consequences of those

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checks, and interruptions to the biliary secretion. 1st A defective, or irregular assimilation must ensue, when the peristaltic motion of the intestines, is uncommonly slow; because the chyme, is not presented in a proper manner, to the mouths of the lacteals. From this source alone, must arise a considerable share of that debility, and emaciation occurring. 2^d Many prejudicial Chemical changes must take ^{place} notwithstanding we are opposed to the admission of Chemical laws, to explain vital processes, and phenomena; during the retention of feces in the alimentary Canal, partly from the removal itself, and partly from the deficiency of bile. From this source, arise those flatulencies, malarious acidities, creating such uneasy sensations, throughout the alimentary Canal. 3^d Extraordinary retention of feces, cannot but be prejudicial to health, as every one must have observed in his own case. From this source, arise headaches, and Aethoris apert that fever is often kept up, if not produced by the irritation. 4th A deficient secretion of bile, and torpid state of the intestines Dr Johnson declares admit of, or give rise to accumulations of Mucus throughout the whole line of the primæ viæ, proving exceedingly detrimental to the gastric, and intestinal digestions. This mucus occasionally becomes so viscid, as to obstruct, in a very considerable degree

the passage of feces, and chyme along the line of intestines; and also the elimination of bile, from the duct into the duodenum— in consequence of which the bile becomes inspissated; and gorges the *pori biliarii*; at other times prevents the bile from passing downwards, causing a reabsorption of it, into the stomach, which either excites sick-head aches, or bilious vomitings.

6th In a torpid state of the biliary secretion, there is very frequently, an absorption of this fluid, producing that peculiar yellowness of the skin, called by Darwin, *conjugenous*. Terminations of Chronic Hepatitis. 1st In *Ascites*—produced most probably, by the impediment offered for the transmigration of blood, thro' the *Vena Portarum*, by the enlarged liver. 2nd In *Anasarca*—the consequence of great debility of the absorbents, and pressure of the liver upon the *Vena Cava*. 3rd In the *Hemorrhoids*. 4th In extensive Abscesses. 5th In *scirrhus*—the peculiar state of the liver in this morbid affection, has been already explained. Treatment. Bloodletting should first be promised—the lancet must not however be wielded with such an intrepid hand, as in the acute form of the disease. Small bleedings, and frequently repeated, to be regulated by the symptoms, will prove most efficacious. 2^d Cathartics. Saline, and Mercurial.

as Glauber, and Epsom Salts or Calomel, and Jalap com-
-bined, or equal parts of Cremor Tartar, and Jalap. They
not only reduce arterial action, but very much di-
-minish the engorgement of the liver. In some dis-
-eases, purging may be carried to an almost incredi-
-ble extent, and the patient who is subjected to
these profuse evacuations, so far from being debilitated
and sinking daily improves. We should therefore with-
-out hesitation, evacuate the bowels of our patient, every
other day, with one of the above mentioned Cathartics
if the Abdomen, and right hypochondrium were much
distended, and the powers of the system would sustain
such vigorous treatment. 3^d Small Doses of Antimony
-al Powder, and Calomel - which not only evacuate the
bowels, promote diaphoresis, but assist in restoring tone
to the liver. 4th The application of Cops, is also advocate,
-geous. 5th But the most important topical Appli-
-cation is Blesters, kept continually discharging by being
dropped with Mercurial Ointment, or a succession of
them. Blesters in some species of fever, appear to act
unintelligibly, by quelling excitement, and then quelling the
patient's feelings. In hepatitis they act probably by
stimulating, and then evacuating topically. 6th Oritons.
7th These remedies failing to eradicate the complaint, we
should appeal to the *Tampson* of the *Materia Medica*.

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Mercury - this medicine in its operation upon the sys-
tem, exerts a wider pervading influence, than any other,
and has been supposed to act specifically, upon the glos-
sular, and absorbent systems. It is a point that has
been much agitated, and canvassed, but scarcely cannot
impart any magic influence to our remedies, why Medi-
cines should select with an apparent fastidiousness, one
system of vessels rather another, upon which to exert their
peculiar powers. The patient should be subjected to a
slight Pyrexia - during which, he should be protected from
the deleterious consequences of the vicissitudes of the weather,
and not venture out of his room, if the atmosphere be
cold, or damp. Exercise in the open air, if the febrile
excitement be moderate, and the weather mild, will
be highly serviceable. If debility prohibits the exhibi-
tion of Calomel, which we consider the most eligible
form of Mercury, the tone of the system must be restored
by nutritious, and moderately stimulant animal food -
this being effected, our Medicine should be resorted to, and
persevered in - About one drachm of Mercurial Ointment,
rubbed upon the right hypochondrium, or thigh, may
be conjoined, to accelerate the pyrexia. Nitric acid
has attained a considerable reputation in Chronic hepatitis -
One, to four drachms may be taken in divided doses, in
the twenty four hours - A pleasant formula is, to make

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it into a Jalap, with mucilage of Gum arabic, and
Mint, or Lavender water, with Loaf Sugar off Acidity
in the Primæ Viæ should exist, give the fixed Al-
kalies as a solution of Carbonate of Soda, or what is
preferable, Carbonate of potash in solution, or made
into Pills, with Rhubarb or Magnesia. All inflam-
matory symptoms having been completely removed, we
should now call into our aid, Tonics - as Columba, the
Bitter chafaron, and Decoction, the Tincture of Bark
in Port Wine, the various preparations of Iron, Cold
Baths, generous Diet, Porter, Brandy, and Water, &c.
- cise, Agreeable Company - Mineral Waters, into whose
composition, Iron, and the Neutral salts enter - and finally
a journey, which is exceedingly well calculated by the pro-
- tation it affords, diversified scenes presented, mingling with
the worst, alternately borne upon the pinions of hope, and
expectations to beguile the lonely way, and prevent our
patient from sinking into a state of Exams, which degener-
-ates into Melancholy, than which, nothing has a greater
tendency to mar the enjoyments of life, and infuse into
the Cup of domestic tranquillity, the baneful ingredients
of discontentment, and jealousy.

Finis

